

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.
Applicant(s)
Filing Date

10/578493

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT			AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2					1		52						
3							53						
4					3		54						
5					8		55						
6							56						
7							57						
8			1				58						
9					3		59						
10							60						
11					1		61						
12							62						
13					1		63						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			16										
TOTAL DEP.			14										
TOTAL CLAMIS			30										